



City of Warrenton
200 West Booneslick Warrenton, MO 63383
Phone: 636-456-3535 Fax: 636-456-8135
www.warrenton-mo.org

APPLICATION for UTILITY SERVICE - RESIDENTIAL

Primary Account Holder

Customer Name

(Please Note: Anyone listed as the customer has the ability to make changes to the account.)

Service Address

Mailing Address

Date of Service Phone #

Date of Birth SSN last 4 digits

E-mail Address

Own or Rent Landlord's Name if Renting

Secondary Account

Customer Name

Date of Birth SSN last 4 digits Phone #

The undersigned hereby applies for water, sewer and trash services from the City of Warrenton for his/her premises, and hereby agrees to pay the service charges for water, sewer, and trash services as fixed by the City of Warrenton. In the event of failure to pay for these services the City shall have the right to discontinue services, at its election and the undersigned agrees to be bound by the rules, regulations, and ordinances of the City of Warrenton for the control of its utility systems. Applicant further agrees to pay any and all past due balances from previous accounts, attorney fees, and reasonable collection costs for unpaid service charges, whether incurred by filing a lawsuit or otherwise.

I understand that if I intend to cancel service at this location a disconnection form must be signed in order to avoid additional charges.

If any residential property shall be vacant for 60 consecutive days or more, the owner or tenant may suspend service by making application for such suspension in advance of vacancy.

Applicants Signature Date

OFFICE USE ONLY

Account #

Deposit Receipt # Date of Deposit Deposit Amt\$

Service ON Service OFF Turn on Time Begin Reading

Handstop or Dumpster AMT\$



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Residential Utilities Sign-up Letter

Please include the following:

- Residential Application
- Sales Tax Form
- Copy of Drivers License
- Deposit of \$100.00 house/per unit
- Copy of lease (if renting) must be the same name as on application
- Residential Inspection/Residential Inspection Permit must be completed.

If all the above is NOT provided services will not be transferred.

This includes water, sewer and trash. Trash service is provided for INSIDE CITY LIMITS Residential customers only. You will need to contact Grace Hauling to acquire your free trash and recycling totes. Bulk Item pickup occurs twice a year. Extra totes are available for rental at \$3.00 for each extra tote. Yard Waste pickup is available for \$3.00 a bundle. Grace Hauling will bill you separately for these services. Contact Grace @ 636-398-8060 EXT.1 to make arrangements. You can use your own trash cans but Grace Hauling is not responsible if they are damaged or broken.

Mail Forms to: City of Warrenton
200 W Booneslick Rd
Warrenton MO 63383
Attn: Billing Clerk

E-mail forms: dbelaska@warrenton-mo.org

To Pay On line: www.warrenton-mo.org
Go To: ONE TIME PAYMENT ONLY

Thank you,

Utility Billing Clerk
dbelaska@warrenton-mo.org
636-456-3535



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Sales Tax Form

Please check one corresponding box reflecting the predominant use.
Sign below and return to Warrenton Finance Department.

NON TAXABLE DOMESTIC

- HOUSEHOLD
- HOUSE WELL
- CABIN

TAXABLE

- RENTAL-HOUSE/APT
- COMMERCIAL
- FARMING BARN
- DAIRY BARN
- FARM WELL
- OTHER-PLEASE SPECIFY

The above information, to the best of my knowledge, is complete, correct and true.

If electricity, water or gas purchased results in a sales tax liability due to a use other than stated above, I assume such responsibility for remitting such tax due directly to the Director of Revenue.

Signature _____

Date _____

Return this form to the Warrenton Finance Department, 200 W Booneslick, Warrenton, MO 63383, or you will be charged sales tax on the water usage.



**\$50 Inspection fee due with application
Includes initial inspection and one re-inspection
\$25 fee each subsequent inspection.**

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Application for Residential Inspection Permit - Occupants

City RI# _____
(office use only)

Approved for

_____ **occupants**

**The names of ALL occupants are to be provided when the permit is issued.
Any occupant 18 or older must provide copy of driver's license.
Copy of lease page showing leasee's names – one leasee must complete section below**

Name	Age	Phone Number if 18 or older

Occupant's Signature _____ Date: _____



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General Information About Utility Bank Draft Authorization Services

Keep this page for your records

The City assumes this agreement will remain in effect until you notify us in writing of any necessary changes.

Some general information to remember is listed below.

- The Utility Bank Draft (UBD) will have an effective date of the 15th of the month unless the 15th falls on a weekend. In that case, the effective date will be the preceding business day. After a customer submits the authorization for preauthorized payments, a preauthorization for \$0.00 will be sent on the 15th of the month. If the preauthorization is declined for any reason, the customer will be notified. If it is not declined, then we will process monthly payments for the utility bills using UBD starting the 15th of the following month.
- A customer whose transaction fails to clear his/her account will be charged a \$25.00 return check fee and must cover the failed payment. The UBD Debit Agreement will be voided if two separate transactions are returned and the customer will be notified that UBD payments will no longer be accepted.
- A customer may choose to terminate this service by notifying the city in writing 10 days in advance of the next withdrawal.
- A customer must notify the City and complete a new authorization form for ANY changes to the financial institution account.
- The City of Warrenton retains the right to modify the terms of this agreement at any time.

If you have any questions about this service, please feel free to contact the City of Warrenton Finance Department at 636-456-3535.

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636-456-3535

FAX: 636-456-8135



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Agreement for Utility Bank Draft Authorization

Please provide the following information. When completed and signed you may submit it in person at City Hall, via mail, or fax, or by e-mailing it to the City Utility Billing Clerk at dbelaska@warrenton-mo.org

Customer's Name: _____ Utility Billing Account Number: _____

Property Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Select One:

ADD
(New Participant)

CHANGE
(Financial Institution and/or Account #)

DELETE
(Cancel Participation)

I hereby authorize the City of Warrenton, hereinafter called the City, to initiate debit entries for the amount of the utility billing invoice on a monthly basis and if necessary, initiate credit corrections or adjustment entries to my account at the financial institution indicated below.

This authority is to remain in full force and effect until the City has received written notification from an individual listed on the account of its termination in such a time and manner as to afford the City and the Depository Institution a reasonable opportunity to act on it. I understand that if payment is returned for insufficient funds, and returned payment fee will be charged.

Depository Institution:

Address: _____ City: _____ State: _____ Zip: _____

TRANSIT ROUTING NUMBERS:

:										:
---	--	--	--	--	--	--	--	--	--	---

ACCOUNT NUMBER INFORMATION:

--	--	--	--	--	--	--	--	--	--	--	--	--

Please Sign:

Customer Signature: _____ Date: _____

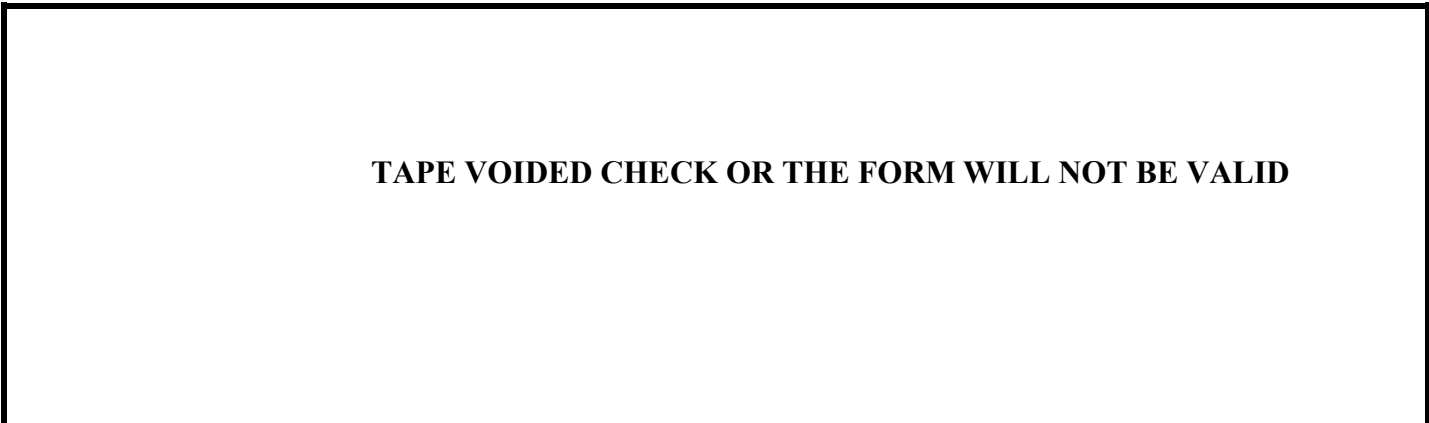
- Due to the time required for the City and financial institution to process this request, please allow one billing cycle for pre-authorization
- Tape your voided check in the space below or submit a financial institution verification letter.

IMPORTANT!

Type of Account:

Checking:

Savings:



TAPE VOIDED CHECK OR THE FORM WILL NOT BE VALID



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Authorization Agreement for Paperless E-billing

Please provide the following information. When completed and signed you may submit it in person at City Hall, via mail, or fax, or by e-mailing it to the City Utility Billing Clerk at dbelaska@warrenton-mo.org

Customer's Name: Utility Billing Account Number:
Property Address: City: State: Zip:
Phone: E-mail:
Confirm E-mail:

Select One:

ADD (New Participant) CHANGE (Update E-mail address) DELETE (Cancel Participation)

I understand that I am registering to have my bill sent to the e-mail address that I have provided. I will be responsible to make sure that I receive the e-mail containing my bill regardless of any spam/junk mail filters and/or computer or e-mail issues. I further understand that it is my responsibility to notify the City if my e-mail address changes.

I understand that I will no longer receive a paper bill in the mail.

Customer Signature: Date: